POWER OF ATTORNEY

OR

REVOCATION OF POWER OF ATTORNEY

WITH A NEW POWER OF ATTORNEY

PTO/SB/81 (07-08) Approved for use through 12/31/2008. OMB 0651-0035

Patent No. 6,265,540

Issued July 24, 2001

Tissue Specific Prodrug

John T. Isaacs

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are requ to respond to a collection of information unless it displays a valid OMB control number Application Number Filing Date

Title

First Named Inventor

AND CHANGE OF CORRESPONDENCE ADDRESS	AILOIIL		I I I I I I I I I I I I I I I I I I I				
	Examiner Name		Sheela Huff				
	Attorney Docket Number		50562-P007US				
						_	
I hereby revoke all previous powers of attorney given in	n the above-ider	ntified ap	plicatio	n.			
A Power of Attorney is submitted herewith.							
OR I hereby appoint Practitioner(s) associated with the following Number as my/our attorney(s) or agent(s) to prosecute the aidentified above, and to transact all business in the United S and Trademark Office connected therewith:	ny/our attorney(s) or agent(s) to prosecute the application bye, and to transact all business in the United States Patent			63467			
OR I hereby appoint Practitioner(s) named below as my/our atto to transact all business in the United States Patent and Trac	orney(s) or agent(s) i demark Office conne	to prosecu ected there	te the ap	plication	identified above, and		
Practitioner(s) Name	Y	Registration Number					
	\neg						
	_						
Please recognize or change the correspondence address for the ab The address associated with the above-mentioned Custome		ation to:					
OR The address associated with Customer Number:							
□ OR							
Firm or Individual Name							
Address							
City	State	1			Zip		
Country		1				_	
Telephone	Email	T					
I am the: Applicant/Inventor. OR							
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted.	ed herewith or filed o	on			*		
/ SIGNATURE of Appli	cant or Assignee o	f Record					
Signature / Manage	- // · /// ·		. 1	6	112/09	_	
Name Cruis A. Vienne		Date	phone	(210) 477-8537	_	
Title and Company President and CEO Genspe	era, Inc.	1		(3/10)		_	
NOTE: Signatures of all the inventors or assignees of record of the entire inte		tative(s) are	required.	Submit m	ultiple forms if more than o	one	
signature is required, see below*.							
*Total of forms are submitted.							

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Depertment of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.